

(X6) DATE:

IF CONTINUATION SHEET Page 1 of 1



Certified End Page

SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

STATE LICENSE NUMBER: 970902

SURVEY EXIT DATE: 01/09/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Jeane Parisi in black ink.

Jeane Parisi
Deputy Secretary for Quality Assurance

Handwritten signature of Debra L. Bogen MD in black ink.

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY